

## JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 17 1960

=60-023621

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 127

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hillsboro		c. CITY OR TOWN Hillsboro	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R 1		d. STREET ADDRESS R 1	
3. NAME OF DECEASED (Type or print) First Middle Last Felix M. Bieser		4. DATE OF DEATH Month Day Year June 2 1960	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Aug. 21 1877
9. AGE (last birthday) 82		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Carpenter	
11. BIRTHPLACE (City, and state or country) Coffman Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Bartholomew Bieser		13b. MOTHER'S MAIDEN NAME Catherine Baumann	
14. NAME OF HUSBAND OR WIFE Carrie Bieser		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 498-22-6160		17. INFORMANT Carrie Bieser Hillsboro, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma Stomach</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH ✓	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 1959 to June 2, 1960 and last saw him alive on June 2, 1960 Death occurred at 11:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE R. E. Pierce (Degree or title) D.O.	
22b. ADDRESS 105 Easton DeSoto Mo		22c. DATE SIGNED 6-6-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 6 1960	
23c. NAME OF CEMETERY OR CREMATORY Good Shepherd		23d. LOCATION (City, town, or county) Hillsboro Mo	
24. FUNERAL DIRECTOR Mahn Funeral Home DeSoto, Mo.		25. DATE RECD. BY LOCAL REG. 6-9-60	
26. REGISTRAR'S SIGNATURE Oleta Richards			

(Licensed Embalmer's Statement on Reverse Side)

0981 & T NNR

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Donald J. Mahan*

Licensed Embalmer No. 4326

P. O. Address Alto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co  
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.